DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: MAPLE LEAF GROUP HOME (610279) Address: ROUTE 1 US HWY 2, HURLEY, WI 54534

License Status: REGULAR

Licensed/Certified/Registered 08/31/1980

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096478 End Date: 02/06/2006 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009512 Served 03/06/2006

Deficiencies Cited Subject Area Compliance

Verified

83.33(3)(e)2.b INJECTIONS

83.41(5)(a)5 BATHROOMS SHALL BE CLEAN

Survey ID: 0092284 End Date: 02/19/2004 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009250 Served 04/12/2004

<u>Compliance</u>

Deficiencies CitedSubject AreaVerifiedCorrected83.13(6)(a)1CRIMINAL RECORDS CHECK02/06/2006Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 03/02/2006 SOD #10009512 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.33(3)(e)2.b

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